FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 28549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number: 3235-076					
Expires: May 31, 2005					
Estimated average burden					
hours per response 16.00					

SEC USE ONLY				
Prefix		Serial		
DAT	E RECEI	VED		

• • • • • • • • • • • • • • • • • • • 		
Name of Offering (check if this is an amendment and n Nanosphere, Inc.	ame has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment	Rule 505 🛛 Rule 506 🔲 Section 4(6) ULOE
A. Ba	ASIC IDENTIFICATION DATA	
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name Nanosphere, Inc.	e has changed, and indicate change.)	04047615
Address of Executive Offices (4088 Commercial Avenue, Northbrook, Illinois 60062	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (847) 400-9000
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		9
Clinical and point-of-care diagnostic assays		- VEO CE
Type of Business Organization ⊠ corporation ☐ limited partnership, alread ☐ business trust ☐ limited partnership, to be	. – • • • •	: GOV 1 8 2004
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-le CN for Canada; Figure 1.1)		Estimated te: DE OCT 20
GENERAL INSTRUCTIONS		Trouble E
Federal: Who Must File: All issuers making an offering of securities in re77d(6).	eliance on an exemption under Regulation D or	Section 4(6), 17 CFR 235.3014NG/91L5 U.S.C.
When To File: A Notice must be filed no later than 15 days afte Exchange Commission (SEC) on the earlier of the date it is received ue, on the date it was mailed by United States registered or certified.	ed by the SEC at the address given below or, if	
Where To File: U.S. Securities and Exchange Commission, 450 Fif	th Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed vehotocopies of the manually signed copy or bear typed or printed signed.		signed. Any copies not manually signed must be
Information Required: A new filing must contain all information reinformation requested in Part C, and any material changes from the the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limit that have adopted this form. Issuer relying on ULOE must file a made. If a state requires the payment of a fee as a precondition to t be filed in the appropriate states in accordance with state law. The	separate notice with the Securities Administrate he claim for the exemption, a fee in the proper as	or in each state where sales are to be, or have been mount shall accompany this form. This notice shall
Failure to file notice in the appropriate states will appropriate federal notice will not result in a loss of a federal notice.	not result in a loss of the federal exe n available state exemption unless such	emption. Conversely, failure to file the exemption is predicated on the filing of a

16	equired to respond	unless the form displays a		introl number.	
***************************************		A. BASIC IDENTIFIC	CATION DATA		
 Each beneficial owner 	ssuer, if the issuer has having the power to vo and director of corpor	been organized within the past for the or dispose, or direct the vote ate issuers and of corporate gene riship issuers.	or disposition of, 10% or mor	-	
Check Box(es) that Apply:	Promoter Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Alfa-Tech, LLC					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
c/o Lurie Investments, Two N	orth Riverside Plaza	, Suite 1500, Chicago, IL 60	606		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Mirkin, Chad A.					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
4088 Commercial Avenue, Northb		• • • • • • • • • • • • • • • • • • • •			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Letsinger, Robert L.					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		- 	
4088 Commercial Avenue, Northb	orook, IL 60062				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Slezak, Mark	individual)				
Business or Residence Addres	s (Number and Str	eet City State Zin Code)			
c/o Lurie Investments, Two N			606		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Vasista, Vijay K.	mar radar)				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
4088 Commercial Avenue, Northb		, , , , , , , , , , , , , , , , ,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Rosenberg, Sheli Z.	·				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
737 N. Michigan Ave., Suite 1	405, Chicago, IL 60	0611			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			-477	
Takara Bio Inc.	,				
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)			
Seta 3-4-1, Otsu, Shiga 520-2		-			

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Moffitt, William P.					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
4088 Commercial Avenue, N	orthbrook, IL 60062				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Wasko, Stephen G.					
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			· · ·
4088 Commercial Avenue, N	orthbrook, IL 60062				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	`individual)				
Cork, William					
Business or Residence Address	ss (Number and Str	eet, City, State, Zip Code)			
4088 Commercial Avenue, N	orthbrook, IL 60062				

	B. INFORMATION ABOUT OFFERING		
_		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		\boxtimes
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?	CNI/A	
۷.	what is the minimum investment that will be accepted from any individual?	\$ <u>N/A</u> Yes	No.
3	Does the offering permit joint ownership of a single unit?	⊠	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Ful	ll Name (Last name first, if individual)		•
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
Sta	tes in Which person Listed Has Solicited or Intends to Solicit Purchaser		
	Check "All States" or check individual States)	□ A	ll States
	AL AK AZ AR CA CO CT DE DC FL GA I II II IN IA KS KY LA ME MD MA MI MN IMN IMN IMN NY NC ND OH OK I IN RI SC SD TN TX UT VT VA WA WV WI WI	HI MS OR WY	ID MO PA
Full	l Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		100
Nar	me of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(0	Check "All States" or check individual States)	☐ A	Il States
	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
	IL IN IA KS KY LA ME MD MA MI MN	MS	MO
	MT NE NV NH NJ NM NY NC ND OH OK	OR	PA
L	RI SC SD TN TX UT VT VA WA WV WI	WY	PR
Full	I Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
Nar	me of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(0	Check "All States" or check individual States)	□ A	all States
Γ	AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
-	IL IN IA KS KY LA ME MD MA MI MN	MS	MO
Ī	MT NE NV NH NJ NM NY NC ND OH OK	OR	PA
	RI SC SD TN TX UT VT VA WA WV WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEE	DS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$0
	Equity	\$	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$17,000,000	\$17,000,000
	Partnership Interests	\$	\$0
	Other (Specify)	\$	\$0
	Total	\$17,000,000	\$17,000,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of parsons who have purchased securities and the aggregate dollar amount of their purchase on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	14	\$17,000,000
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	2444111	\$ 0
	Regulation A		, \$ 0
	Rule 504		- \$ 0
	Total		- \$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_ ~
	Transfer Agent's Fees		□ \$ 0
	Printing and Engraving Costs] \$ 0
	Legal Fees	۵	₫ \$ 150,000
	Accounting Fees] \$ 0
	Engineering Fees] \$ 0
	Sales Commissions (specify finders' fees separately)		□ \$ 0
	Other Expenses (identify)		□ \$
	Total		7 \$ 150,000

Question 1 and total expenses furnished	ggregate offering price given in response to Part I in response to Part C — Question 4a. This diffe suer."	rence	\$16,850,000
used for each of the purposes shown. I estimate and check the box to the left	sted gross proceed to the issuer used or proposed of the amount for any purpose is not known, furnition of the estimate. The total of the payments listed the issuer set forth in response to Part C — Question	sh an must	
		Paymer Offico Directo Affilia	ers, rs, & Payments to
Salaries and fees		S	🗆 \$
Purchase of real estate		🗆 s	🗆 \$
Purchase, rental or leasing and installat	ion of machinery and equipment	🗆 \$	
Construction or leasing of plant building	g and facilities	S	🗆 \$
Acquisition of other businesses (include in this offering that may be used in excl another issuer pursuant to a merger)		S	□ \$
Repayment of indebtedness		s	s
Working capital		s	
Other (specify):			s
		s	□ \$
Column Totals		s	፟ \$16,850,00
Total Payments Listed (column totals a	dded)		፟ \$16,850,000
	D. FEDERAL SIGNATURE		
nature constitutes an undertaking by the i	signed by the undersigned duly authorized person ssuer to furnish to the U.S. Securities and Exchan on-accredited investor pursuant to paragraph (b)(2)	ge Commission, upor	
uer (Print or Type) nosphere, Inc.	Signature STC 6W. L	Date	10/14/04
me of Signer (Print or Type) phen G. Wasko	Title of Signer (Print or Type) Chief Financial Officer		

ATTENTION _

International misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1101.)